

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/35, 705

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT	AFTER 2nd AMENDMENT								
	IND.	DEP.		IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/				
2		/					52	/				
3		/					53					
4		/					54					
5		/					55					
6		/					56					
7		/					57					
8		/					58					
9		/					59					
10		/					60					
11		/					61					
12		/					62					
13		/					63					
14		/					64					
15		/					65					
16		/					66					
17		12					67					
18		21					68					
19		12					69					
20		/					70					
21		/					71					
22		/					72					
23		/					73					
24		/					74					
25		/					75					
26		/					76					
27		/					77					
28		/					78					
29	/						79					
30	/	/					80					
31	/						81					
32	/	/					82					
33	/						83					
34	/						84					
35	/	/					85					
36	/						86					
37	/						87					
38	/						88					
39	/	/					89					
40	/	/					90					
41	/	/					91					
42	/						92					
43	/						93					
44	/	/					94					
45	/	/					95					
46	/	/					96					
47	/	/					97					
48	/	/					98					
49	/	/					99					
50	/	/					100					
TOTAL IND.							TOTAL IND.	11				
TOTAL DEP.							TOTAL DEP.	40				
TOTAL CLAIMS							TOTAL CLAIMS	51				